treatment. Rural patients travelled a statistically significant larger distance compared with urban patients in an elective setting (p<0.001). Emergency patients presented at a significantly older age compared to elective patients (p=0.004).
Conclusions: a one stop UGI cancer clinic could reduce travel distance for rural patients, potentially improving care and patient satisfaction.

0998: POSITRON EMISSION TOMOGRAPHY IN OESOPHAGEAL CANCER STAGING: A TAILORED APPROACH

David Bunting*, Wesley Lai, Grant Sanders. *Derriford Hospital, Plymouth, UK.*

Introduction: The authors aim to re-evaluate the role of PET-CT in the staging of oesophageal cancer (OC). They investigate whether it is possible to identify a group of patients on the basis of endoscopy and CT findings that can safely be spared from this investigation.
Methods: Consecutive patients undergoing PET-CT scan for the staging of localised OC diagnosed between 2010 and 2013 were identified from a specialist MDT database. Without knowledge of the PET-CT result, patients were stratified into low-risk or high-risk groups according to the likelihood of identifying metastatic disease on PET-CT based on specified CT/endoscopy criteria.
Results: In 385 undergoing PET-CT, metastatic disease was identified in 52(13.5%) patients. All 52 patients had been correctly stratified as high-risk according to the criteria. 112 patients were stratified as low-risk and 273 as high-risk. Mean time from diagnosis surgery was 68.6 days which compared to 49.6 days in a separate group of patients not undergoing PET-CT (p=0.04).
Conclusions: In one of the largest studies to date, the authors have introduced a new classification that can accurately stratify patients according to the risk of having metastatic disease. This could be used to avoid unnecessary PET-CT in 33% of patients.

1048: STAGING LAPAROSCOPY IN OESOPHAGO-GASTRIC CANCER: A TAILORED APPROACH

David Bunting*, Wesley Lai, Andrei Tanase, Grant Sanders. *Derriford Hospital, Plymouth, UK.*

Introduction: The authors aim to re-evaluate the role of staging laparoscopy (SL) in the management of oesophago-gastric cancer and investigate whether it is possible to identify a group of patients on the basis of endoscopy and CT findings that will not benefit and can be spared from this investigation.
Methods: Consecutive patients undergoing SL in the work-up of localised oesophago-gastric cancer between 2010 and 2013 were identified from a specialist MDT database. Without knowledge of the SL result, patients were stratified into low-risk or high-risk groups according to the likelihood of operability based on specific endoscopy/CT criteria.
Results: Of 193 patients undergoing SL, 28(15%) were found to have inoperable disease at SL. All 28 cases identified at SL had been correctly stratified as high-risk. 42 patients were predicted as low risk and 151 as high risk. None of the low risk patients went on to have inoperable disease at SL or laparotomy.
Conclusions: A proposed classification based on initial endoscopy and CT findings is able to identify a group of patients at low risk of having inoperable disease. This group, representing 25% of the cases subsequently deemed resectable on SL could have safely been spared the procedure.

1202: BIODEGRADABLE OESOPHAGEAL STENTS IN THE MANAGEMENT OF BENIGN AND MALIGNANT OESOPHAGEAL STRICTURES

Stephen McCain*, Scott McCain, Barry Quinn, Ronan Gray, Paul Rice. *Craigavon Area Hospital, Craigavon, UK.*

Introduction: Biodegradable oesophageal stents are used in the management of refractory benign oesophageal strictures and malignant strictures which may proceed to surgery. Our aim was to review the safety and efficacy of biodegradable oesophageal stents in the management of benign and malignant strictures.
Methods: Patients were identified using hospital coding data and radiology PACS. Charts and hospital databases were retrospectively reviewed. Data collected included patient demographics and outcomes. Dysphagia was graded using the Mellow and Pinkas dysphagia grading scale.
Results: Stents were deployed successfully in 29 of 30 attempts. 17 stents were inserted for benign and 12 for malignant disease. Pre and post procedure swallowing scores were recorded for 27 procedures and resulted in a mean improvement (2.88-1.15 p<0.002). One patient experienced transient chest pain. No serious complications occurred. There was no mortality at 30 days. 3 patients progressed to oesophagectomy with no anastomotic leaks in this group. 4 patients required repeat biodegradable stenting (mean 273 days). 5 patients with malignancy proceeded to metal stent insertion (mean 51 days).
Conclusions: Biodegradable stent insertion is a safe and efficacious method of treating oesophageal strictures, limiting repeat intervention in benign disease and allowing nutrition during staging of malignancy. There were no increased surgical complications at oesophagectomy.

Urology

0108: CORRELATION OF CLINICAL DIAGNOSIS VS URODYNAMIC DIAGNOSIS IN THE MANAGEMENT OF URINARY INCONTINENCE

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Introduction: The need for Urodynamics in the diagnosis of lower urinary tract has been a topic for debate for a long time. Even though it has improved the knowledge of the pathophysiology of lower urinary tract dysfunction, many are still reluctant to use this. The opinions for and against routine use of Urodynamics varies among clinicians. In our study we aim to evaluate the usefulness of urodynamics in the management of urinary incontinence.
Method: 100 patients who underwent Urodynamics were selected and Urodynamic diagnoses were compared with their clinical diagnosis based on their symptoms to determine if there was any correlation between the two.
Results: Of the 100 patients, 66 complained of urge incontinence and of these, 35 were found to have detrusor over activity on Urodynamics. The remaining 31 did not have urodynamically demonstrated urge incontinence. 4 Patients who complained of urge incontinence were actually found to have urodynamically proven stress incontinence. Among the 34 who did not complain of urge incontinence, 3 were found to have urodynamically proven detrusor over activity (8.8%).
Conclusions: The well known saying of Blaivas - ' *bladder is an unreliable witness* ' still hold true and Urodynamic study was found to play a vital role in the assessment of lower urinary tract dysfunction.

0116: THE MANAGEMENT OF URETERIC STONES IN THE EMERGENCY DEPARTMENT

Kirsty Dawson*, Tharani Nitkunan, Nasr Arsanious, Lindsay Dawson. *Croydon University Hospital, London, UK.*

Introduction: To develop a proforma detailing specific criteria regarding which patients with ureteric stones require admission and which patients can be safely discharged. Therefore, limiting unnecessary bed days and improving patient safety.
Methods: Data was collected prospectively for patients over 18 years, with image proven ureteric stones at Croydon University Hospital over 2 month periods; initially September-October 2012 and again August-September 2013, following the introduction of the proforma in December 2012. Parameters reviewed included patient epidemiological factors, imaging, observations, blood results and patient outcome (i.e. whether the patient had been admitted or discharged). The outcomes for patients were deemed appropriate or inappropriate using the British Association of Urological Surgeons (BAUS) guidelines.
Results: In the initial study, 28 patients met the inclusion criteria, of these, 22 patients (78.6%) had appropriate outcomes and 6 patients (21.4%) had inappropriate outcomes. In the repeat study following the implementation of the proforma, 21 patients met the inclusion criteria, of these, 18 (85.6%) patients had appropriate outcomes and 3 patients (14.35) had inappropriate outcomes.
Conclusions: The introduction of a proforma with specific criteria for admission has caused a reduction in unnecessary bed-days and improved patient safety by reducing the number of inappropriate discharges.

0125: RAISED PSA: IS THE PROSTATE BIG, BAD, OR BOTH?

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